

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10672764 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
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21	/					
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23	/					
24	/					
25	/					
26	/					
27	/					
28	/					
29	(1)	3				
30	(1)	2				
31	(1)	2				
32	/	2				
33	/	2				
34	/	2				
35	/	2				
36	/	2				
37	/	2				
38	4					
39	4					
40	10					
41	10					
42	10					
43	10					
44	10					
45	(1)					
46	(1)					
47	75	1				
48	15	(1)				
49	15	(1)				
50	4	(1)				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS						
	IND	DEP	IND	DEP	IND	DEP
51						
52			(1)			
53			(1)			
54			(1)			
55			(1)			
56			(1)			
57			(1)			
58			(1)			
59			(1)			
60			(1)			
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97						
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99						
100						
TOTAL IND.	14					
TOTAL DEP.	114					
TOTAL CLAIMS	128					